

Georgia Board of Dentistry
237 Coliseum Drive
Macon, Georgia 31217

Complaint Form

Valuable information concerning the complaint process can be found on the Board's website at http://sos.georgia.gov/plb/complaint_process.htm.

TYPE OR PRINT LEGIBLY AND MAIL TO THE ADDRESS LISTED ABOVE

NOTE: The Georgia Board of Dentistry DOES NOT have authority over dental groups, practices, clinics or offices. Therefore, you must provide the full name of the individual dentist and/or hygienist- please do not list dental groups, practices, offices or clinics. Please keep a copy of this complaint information for your records. Once it is processed by the Board it is confidential and cannot be provided back to you.

**1. FULL NAME OF DENTIST/DENTAL HYGIENIST AGAINST WHOM
YOU ARE FILING THE COMPLAINT:**

(FIRST & LAST)

ADDRESS (STREET)

(CITY, STATE, ZIP CODE)

TELEPHONE NUMBER (____)_____

LICENSE # (IF KNOWN)_____

2. COMPLAINANT'S NAME

DATE OF BIRTH

(FIRST, MIDDLE INITIAL, LAST)

OTHER NAMES EVER USED

ADDRESS (STREET)

(CITY, STATE, ZIP CODE)

E-MAIL ADDRESS: _____

PHONE NUMBERS

MALE / FEMALE

(Please circle one)

(_____) _____
(BUSINESS)

(_____) _____
(HOME)

(_____) _____
(CELL)

3. PATIENT'S NAME (If different from complainant)

DATE OF BIRTH

(FIRST, MIDDLE INITIAL, LAST)

(mm/dd/yyyy)

ADDRESS (STREET) (If different than complainant)

(CITY, STATE, ZIP CODE)

PHONE NUMBER (If different from complainant)

MALE / FEMALE

(Please circle one)

(_____) _____
(BUSINESS)

(_____) _____
(HOME)

(_____) _____
(CELL)

**4. NAME OF ADDITIONAL DENTIST/DENTAL HYGIENIST AGAINST
WHOM YOU ARE FILING THE COMPLAINT:**

NAME (FIRST & LAST)

ADDRESS (STREET)

(CITY, STATE, ZIP CODE)

PHONE NUMBER (_____) _____

LICENSE # (IF KNOWN)_____

5. ALLEGATION AND APPROXIMATE DATE(S) OF VIOLATION(S)

Please check box(es) below which describe the nature of your complaint.

- ❑ QUALITY OF CARE
- ❑ MISDIAGNOSIS OF CONDITION
- ❑ UNPROFESSIONAL CONDUCT
- ❑ UNSANITARY CONDITIONS
- ❑ PATIENT ABANDONMENT
- ❑ RECORDS RELEASE
- ❑ Note: If your complaint is based on failure to release patient records, you **MUST** submit a written request to the dentist and give him/her a reasonable amount of time to respond to your request. Georgia law (OCGA 31-33) allows the dentist to charge a reasonable fee for copying your records. You must include with this complaint a copy of a signed, certified mail return receipt, or any other document, showing the provider received your request.
- ❑ INSURANCE FRAUD
- ❑ SUBSTANCE ABUSE
- ❑ UNLICENSED PRACTICE
- ❑ OTHER

APPROXIMATE DATE(S) OF VIOLATION:_____

6. **PLEASE PROVIDE A CLEAR AND CONCISE DESCRIPTION OF THE INCIDENT OR NATURE OF YOUR COMPLAINT.** Please include the date(s) and any other person(s) involved in this matter; attach COPIES of any relevant documents that you may have. (**Attach copies only** – these materials will not be returned.)

[illegible]

[illegible]

7. HAVE YOU SEEN ANOTHER DENTIST(S) CONCERNING THIS ISSUE? IF SO, PLEASE PROVIDE THE FOLLOWING INFORMATION:

NAME OF PRIOR and/or SUBSEQUENT DENTIST/DENTAL HYGIENIST

(FIRST AND LAST)

ADDRESS (STREET)

(CITY, STATE, ZIP CODE)

PHONE NUMBER (____)_____ LICENSE # (IF KNOWN)_____

NAME OF PRIOR and/or SUBSEQUENT DENTIST/DENTAL HYGIENIST

(FIRST AND LAST)

ADDRESS (STREET)

(CITY, STATE, ZIP CODE)

TELEPHONE NUMBER (____)_____

LICENSE # (IF KNOWN)_____

NAME OF PRIOR and/or SUBSEQUENT DENTIST/DENTAL HYGIENIST

(FIRST AND LAST)

ADDRESS (STREET)

(CITY, STATE, ZIP CODE)

TELEPHONE NUMBER (____)_____

LICENSE # (IF KNOWN)_____

AUTHORIZATION FOR RELEASE OF MEDICAL/DENTAL RECORDS

I hereby authorize any dentist, doctor or emergency facility/hospital who has treated me, or their office personnel, to release to the Georgia Board of Dentistry, or their representative, any and all information (including x-rays) you may have, with respect to my condition, medical history, consultation, evaluation, treatment, diagnosis, or prognosis that may be inquired upon, and copies of all records regarding health history and treatment rendered to me. I further authorize the release of the above information with reference to any of children/wards listed below.

PLEASE PRINT except on signature line:

(Patient Name)	(Date of birth)
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(Patient Name)	(Date of birth)
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(Patient Name)	(Date of birth)
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(Patient Name)	(Date of birth)
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(Patient Name)	(Date of birth)
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(Print Name of person providing the above referenced information)

(Signature)	(Date)
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(Relationship to patient if other than self)

PLEASE NOTE:

- ✓ **If the patient is in need of immediate dental treatment – seek care.** It is not necessary to wait on a decision from the board. However, please ask the new dentist/doctor to document the condition of the patient's mouth prior to treatment.
- ✓ The Georgia Board of Dentistry does not have the ability to require a dentist to refund money paid for services rendered.
- ✓ The Georgia Board of Dentistry does have legal jurisdiction over practice groups, clinics or business/insurance matters.
- ✓ The Georgia Board of Dentistry cannot give legal advice. You may wish to consult a private attorney to determine my legal rights, which are separate from the Board's authority.
- ✓ Because the complexity of complaints varies, no definite time frame can be given as to when an investigation will be completed. The Board office **DOES NOT PROVIDE UPDATES OR STATUS REPORTS ON COMPLAINTS**. You will be notified of the outcome of your complaint once the Board has reached a final decision.
- ✓ Incomplete complaints are returned to the sender. The board office will not retain a copy. If you wish to re-file a complaint or submit missing information, please ensure that the original complaint is attached.
- ✓ Please do not submit a complaint concerning the same allegation/violation/incident more than once. One submission is sufficient. Please **DO NOT FAX YOUR COMPLAINT**. Faxed documents can be very distorted and illegible, which will delay the processing of your complaint.
- ✓ Please do not provide copies of your medical or dental records. The Board will ask you to submit them at a later date if required. If it is necessary for you to submit additional information concerning your complaint, please note your name and the name of the dentist/hygienist against whom the complaint is filed.
- ✓ The Georgia Board of Dentistry **DOES NOT** have jurisdiction over dental groups or entities; only over individual treating dentists and hygienists.
- ✓ If your complaint is based on failure to release treatment records, you **MUST** submit a copy of your written request to the provider, and you must have given the provider a reasonable amount of time to respond to your request. You must also include a copy of a signed, certified mail return receipt showing the provider received your request.
- ✓ Failure to include any requested information in this complaint will result in your complaint not being processed.

Explanation of Complaint Process

Complaint Process

Your complaint must include your name, address and telephone number; the name and address of the person being reported; a detailed description of the violation, and any other pertinent information. This means all supporting documents that could be used to support your complaint. Boards only have the legal jurisdiction over an individual's license to practice and can only discipline an individual if a violation of the laws and rules governing practice have been violated. Upon receipt of your complaint, you will receive an acknowledgement from the board. Boards generally do not accept or process anonymous complaints.

Investigations

Your complaint will be given serious consideration by the board and further investigative action may be taken, if appropriate. You **may or may not** be contacted by a board Investigator. A referral of your complaint for further investigation does not necessarily mean that a licensing violation has occurred. Investigations are completed as soon as possible, depending upon the nature and circumstances of the complaint. Investigations are confidential; we are unable to divulge receipt of or updates on the status of a complaint over the phone.

Unlicensed Practice

Persons who practice dentistry/dental hygiene without a license may be ordered to cease and desist the practice and may be fined by a board. If a cease and desist order is refused by the unlicensed individual, the board is required to take the matter to a hearing. The board may also petition the court for an injunction against further unlicensed practice. Many licensing laws also subject unlicensed persons to criminal prosecution by local authorities.

Disciplinary Action

A board may discipline a license holder if the board determines that a violation of the board's laws, rules and/or regulations has occurred. A licensee who violates these laws, rules and/or regulations may be subject to disciplinary action, such as a fine, reprimand, suspension or revocation of the license.

When a Board seeks to sanction a license holder **and the license holder does not voluntarily enter into a consent agreement/order with the board**, the board may be required to go to an Administrative Hearing. If a hearing is conducted, you as the complainant may be called upon to testify, and your identity as a complainant may become known.

After the formal hearing is conducted, and a ruling is issued (Initial Decision and recommended disciplinary action), the licensee, or the board, may seek review of the decision. After the final decision is issued, the licensee may appeal that decision to the Superior Court of Bibb County.

The procedure is lengthy and may take months to complete. However, it is designed to insure due process and to protect the rights of the individuals involved

Business Practice/Billing Disputes

The Dental Board does not have legal jurisdiction over business practices /billing /fee disputes. The board has no authority to set fees or settle fee disputes. You will need to seek legal counsel or seek a remedy in the civil court arena for issues dealing with business practices/billing/fee disputes.

Possible Resolutions

Close with no violation/insufficient evidence – you will be notified of this action.

Close with a letter of concern - this action is taken if there is no violation of the laws and rules governing practice but the board wants to express its concern to the practitioner surrounding the complaint. You will be notified that the complaint has been closed; however, a letter of concern is private and cannot be divulged.

Close with a private consent order – the action is taken when there is a violation of the laws and rules governing practice. However, the matter is closed with a private agreement between the licensee and the board. A private consent order is private and cannot be divulged.

Close with a public consent order – the action is taken when there is a violation of the laws and rules governing practice. The matter is public and a copy of the order will be mailed to you. This information is posted on the licensees' public license record.

What to expect

You may expect the state board to be genuinely concerned with your complaint. It will be reviewed and investigated thoroughly. You will receive notice from the board when the complaint is received. If the complaint does not fall within the legal jurisdiction of the board, you will receive notice to that affect. When appropriate, the board will investigate and resolve the complaint. Please remember that Investigations are confidential; we are unable to provide updates concerning the status of a complaint. Once the investigative process is completed, you will be notified